

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	128/200
Suggested Group Art Unit::	3600
CD-ROM or CD-R::	None
Title::	Intraoral Electromuscular Stimulation Device and Method
Attorney Docket Number::	98-15 D1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9A
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appln.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stefanie
Family Name::	Lattner
City of Residence::	Gibsonia
State or Province of Residence::	Pennsylvania
Country of Residence::	US
Street of mailing address::	5441 Hardt Road
City of mailing address::	Gibsonia
State or Province of mailing address::	Pennsylvania
Country of mailing address::	US
Postal or Zip Code of mailing address::	15044

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Eric
Middle Name::	W
Family Name::	Starr
City of Residence::	Allison Park
State or Province of Residence::	Pennsylvania
Country of Residence::	US

Street of mailing address:: 3135 West Wind Drive
City of mailing address:: Allison Park
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15101

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eugene
Middle Name:: N
Family Name:: Scarberry
City of Residence:: Trafford
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 208 Terrace Court Road
City of mailing address:: Trafford
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15085

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: M
Family Name:: Mechlenburg
City of Residence:: Pittsburgh
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 2155 Cayuga Drive
City of mailing address:: Pittsburgh
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15239

Correspondence Information

Correspondence Customer Number:: 30031

Representative Information

Representative Customer Number:: 30031

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Divisional of	09/817,434	03/26/01
09/817,434	Continuation of	09/436,857	11/09/99
09/436,857	Non-Provisional of	60/108,408	11/13/98

Assignee Information

Assignee name:: Respironics, Inc.
Street of mailing address:: 1010 Murry Ridge Lane
City of mailing address:: Murrysville
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15668